

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS

***REVIEW CRITERIA
EFFECTIVE JULY 1, 1993***

***CRITERIA NUMBER 24 - OPERATIVE TREATMENT OF A SINGLE LUMBAR
SPINAL NERVE ROOT ENTRAPMENT***

I. Narrative Description:

A. Lumbar:

1. Laminectomy
2. Laminotomy
3. Foraminotomy
4. Micro-Disectomy
5. Disectomy
6. Lumbar Fusion
7. Foraminal Decompression

II. History/Symptoms:

A. Must meet one of the following:

1. Radicular pain within nerve root distribution; **or**
2. Bowel and bladder dysfunction; **or**
3. Weakness or sensory disturbance in limb; **or**
4. Inability to control pain on an outpatient basis; **or**
5. Inability to maintain activity required for outpatient status because of non-supportive home situation

AND

III. Physical Findings:

A. Must meet B and one from C through G:

B. Radiating (radicular) leg pain greater than back pain; **and**

C. Evidence of neurologic deficit in the distribution of a single lumbar spinal nerve such as:

1. Motor deficit (e.g., foot drop or quadriceps weakness); **or**
2. Sensory deficit; **or**
3. Reflex changes; **or**
4. Positive EMG

D. Atrophy of calf or thigh

E. Positive femoral stretch

F. Positive straight or reversed straight leg raising producing leg pain confirmed in 2 anatomic positions (sitting and supine)

G. Documented (MRI, CT scan or myelogram) evidence of nerve root compression

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AND

IV. Diagnostic Testing - Allowed:

- A. Maximum of 3, if results negative:
 - 1. Low back x-rays, if not done since injury
 - 2. Bone scan (not as only diagnostic test)
 - 3. EMG (not as sole diagnostic test or under 21 days from onset of symptoms)
 - 4. Laboratory testing of metabolic or oncologic diagnosis suspected
- B. One of the following - test must demonstrate nerve root compression:
 - 1. MRI; **or**
 - 2. CT scan; **or**
 - 3. Myelogram

OR

V. Diagnostic Testing - Not Allowed:

- A. Myeloscopy
- B. Discography
- C. Somatosensory evoked potentials
- D. Thermography
- E. Evoked potentials

VI. Post Hospital Treatment Allowed:

- A. Office visits - 5 in first 4 months
- B. Physical therapy treatment sessions maximum 24 visits
- C. Occupational therapy - maximum 6 visits
- D. Chiropractic sessions - maximum 24 visits
- E. Physical agents (heat/cold, electrical stimulation, biofeedback, iontophoresis/phonophoresis, ultrasound, flouiri-methane) maximum of 1 allowed per treatment session - not allowed if only treatment - generally de-emphasized

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VII. Special Instructions:

- A. Length of stay postoperatively is 0-5 days (7 days for spinal fusion).*
- B. For patients treated by more than one discipline (physical therapy, occupational therapy, allopathic medicine, and chiropractic) similar services should not be duplicated.*

VIII. Level of Care Required:

- A. Inpatient*